

01919 U.S. PTO
08/21/03

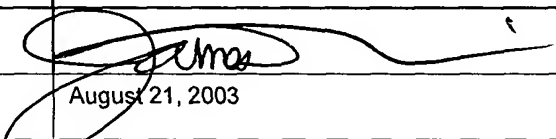
PTO/SB/50 (02-01)
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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	S01022.81083
	First Named Inventor or Application Identifier	Jean DEVIN
	Original Patent Number	5,950,224
	Original Patent Issue Date (Month/Day/Year)	September 7 1999
	Express Mail Label No.	EV 292 548 255 US

APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent			
APPLICATION ELEMENTS (37CFR 1.173)		ACCOMPANYING APPLICATION PARTS	
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)		10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		11. <input type="checkbox"/> Original U.S. Patent for surrender <ul style="list-style-type: none"> a. <input type="checkbox"/> Ribbonded Original Patent Grant b. <input type="checkbox"/> Statement of Loss (PTO/SB/55) 	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)		12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)		13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. §1.175) (PTO/SB/51 or 52)		14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input type="checkbox"/> Power Of Attorney		15. <input checked="" type="checkbox"/> Preliminary Amendment	
7. Original U.S. Patent currently assigned <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (PTO/SB/96)		16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or larger table		17. <input type="checkbox"/> Other _____ _____ _____	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. Statements verifying identity of above copies 			

18. CORRESPONDENCE ADDRESS	
Correspondence address below	
CUSTOMER NUMBER:	23628
19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	James H. Morris, Reg. No. 34,681
SIGNATURE	
DATE	August 21, 2003